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		Complete if Known						
FEE TRANSMITTAL			Application Number		10/787,083			
			,		ebruary 27, 20			
For FY 2007			First Named Inventor		Osamu NAGATSUKA			
Applicant claims small entity status. See 37 C.F.R. 1.27			Examiner Name		David D. Davis			
<u> </u>			Art Unit 2627					
TOTAL AMOUNT OF		[ A	ttorney Docket No	o. 03	3500.017926			
METHOD OF PAYMENT (check all that apply)								
Check	oney Order	None Other (please identify):						
Deposit Account Deposit Account Number 06-1205  Deposit Account Name Fitzpatrick, Cella, Harper & Scinto								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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FEE CALCULATION								_
1. BASIC FILING, SE	ARCH, AND EXAMINATION FILING FEES							_
		CH FEES EXAMINATION FEES Small Entity Small Entity			S			
Application Type	Small Entity Fee (\$) Fee (\$)	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	E	ees Paid (\$)	
Utility	300 150	500	250	200	100	_		
Design	200 100	100	50	130	65	_		
Plant Reissue	200 100 300 150	300 500	150 250	160 600	80 300	-		
Provisional	200 100	0	0	0	0	_		
2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee()         Fee()           Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patient of the product claim over 3 or, for Reissues, each independent claim more than in the original patient of the product of the								
Total Claims	Extra Claims Fee (\$)	Fee Paid	<u>\$)</u> !	Multiple [	Dependent Clai		100	
15 - 20 or HP = 0 x \$50.00 = 0.00  HP = highest number of total claims paid for, if greater than 20			_	Fee(S		ee Paid (\$	<u>5)</u>	
Indep. Claims	Extra Claims Fe	e(\$) <u>F</u>	ee Paid (\$)	\$360.0	0.	00	-	
1 - 3 or HP = 0 x \$200.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets			ional 50 or fraction		Fee (\$	1	Fee Paid (\$)	
- 100 =	/ 50 =		(round up to a wh	ole numb	er) x			
4. OTHER FEE(S) Fees Paid (§)								
Non-English Specific	)							
Other:								
SUBMITTED BY								
Signature	/Justin J. Oliver/		Registration (Attorney/Ag		44,986	Telepho 212-218		
Name (Print/Type)	Justin J. Oliver					Date: M	lay 8, 2007	
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